## PERSONAL DATA SHEET

EAD THE ATTACHED GUIDE TO FILLING OUT THE PERSONAL DATA SHEET (PDS) BEFORE ACCOMPLISHING THE PDS FORM rind legibly. Tick appropriate boxes ( pind use separate sheet if necessary, indicate N/A if not applicable. DO NOT ABBREVIATE. I PERSONAL INFORMATION (Do not fill up. For CSC use only) 2 SURNAME SAMBERE FIRST NAME LOVEBLESSY NAME EXTENSION (JR. SR) MIDDLE NAME BALBARINO DATE OF BIRTH 7/2/1999 (mm/ddyyyy) 16. CITIZENSHIP Filipino ☐ Dual Citizenship by birth by naturalization & PLACE OF BIRTH BAYBAY CITY, LEYTE If holder of dual citizenship, Pls. indicate country: 5 SEX please indicate the details ☐ Male **✓** Female 6 CIVIL STATUS ✓ Single ☐ Married 17. RESIDENTIAL ADDRESS ☐ Widowed ☐ Separated House/Block/Lot No Other/s: SABANG Subdivision/Village Barangay 7. HEIGHT (m) 1.40 BAYBAY LEYTE City/Municipality Province 6 WEIGHT (kg) 32 ZIP CODE 8521 9. BLOOD TYPE 0 18. PERMANENT ADDRESS House/Block/Lot No. Street 10 GSIS ID NO None SABANG Subdivision/Village Barangay 11. PAG-IBIG ID NO None BAYBAY LEYTE City/Municipality **Province** 12 PHILHEALTH NO None ZIP CODE 8521 13 SSS NO 06-4332306-3 19. TELEPHONE NO. N/A 14 TIN NO NA 20. MOBILE NO. 09069678306 15 AGENCY EMPLOYEE NO NA 21. E-MAIL ADDRESS (if any) blessysambere@gmail.com H. FAMILY BACKGROUND 22. SPOUSE'S SURNAME WA 23. NAME of CHILDREN (Write full name and list all) DATE OF BIRTH (mm/dd/yyyy) NAME EXTENSION (JR., SR) FIRST NAME NA N/A WA MIDDLE NAME WA N/A WA OCCUPATION NA N/A N/A EMPLOYER/BUSINESS NAME N/A RUSINESS ADDRESS NA TELEPHONE NO NA SAMBERE 24 FATHER'S SURNAME NAME EXTENSION (JR., SR) FIRST NAME VERGELIO MIDDLE NAME LOMOCSO MOTHER'S MAIDEN NAME BALBARINO SURNAME SAMBERE FIRST NAME **AMORLINA** MIDDLE NAME CASIL (Continue on separate sheet if necessary) EDUCATIONAL BACKGROUND SCHOLARSHII NAME OF SCHOOL HIGHEST LEVEL BASIC EDUCATION/DEGREE/COURSE PERIOD OF ATTENDANCE LEVEL UNITS EARNED **ACADEMIC** (Write in full) (Write in full) GRADUATED HONORS (if not graduated) From RECEIVED To ELEMENTARY POMPONAN ELEMENTARY SCHOOL PRIMARY EDUCATION ACADEMIC 2005 2011 GRADUATED 2011 HONOR FRANCISCAN COLLEGE OF THE IMMACULATE SECONDARY SECONDARY EDUCATION CONCEPTION 2011 2015 GRADUATED 2015 IONE VOCATIONAL / N/A NA TRADE COURSE NA N/A NA N/A N/A COLLEGE VISAYAS STATE UNIVERSITY BS IN AGRICULTURE 2015 GRADUATED 2019 2019 **ORADIJATE STUDIES** N/A N/A N/A NA N/A NA SIGNATURE

DATE

June 7, 2021

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	CAREER SERVICE/ RA 1080 (BOARD/ BAR) UNDER SPECIAL LAWS/ CES/ CSEE BARANGAY ELIGIBILITY / DRIVER'S LICENSE  RATING (If Applicable)			EXAMINATION / CONFERMENT	PLACE OF EXAMINA	ATION / CONFE	RMENT	NUMBER	Date of Validity
Agric	ulture Licensure	Examination	75.0	Nov. 2019	Taclo	ban City	DAMES FOR	0033990	12/09/20
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INCLUS (mm	SIVE DATES Vdd/yyyy)	POSITION TO (Write in full/Do not	TILE	DEPARTMENT / AGEN	ICY / OFFICE / COMPANY to not abbreviate)	MONTHLY SALARY	SALARY/ JOB/ PAY GRADE (if applicable)& STEP (Format "00-0")/ INCREMENT	STATUS OF APPOINTMENT	GOV'T SERVICE (Y/N)
From N/A	To N/A	N/A			N/A	N/A	N/A	N/A	N/A
		TOTAL STATE OF THE							
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9 NAME & ADDRESS OF OR (Write in full)			INCLUSIVE DATES (mm/dd/yyyy)		NUMBER OF HOURS		POSITION / NATURE OF WORK		
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LEARNIN t from the mo	IG AND DEVELOPINENT (L&D) st recent L&D training program and inclu	de only the relevant L&D/training taken for	the last five (5) ye	ars for Division C	hief/Executive/Mana	rgerial positions)			
	and the second superior of the second se	OF LEARNING AND DEVELOPMENT INTERVENTIONS/TRAINING PROGRAMS		INCLUSIVE DATES OF ATTENDANCE		Type of LD (Managerial/	CONDUCTED/ SPONSORED BY		
11100	(Write in full)		(mm/dd/yyyy) From To		NUMBER OF HOURS	Supervisory/ Technical/etc) (Write in full)		(Write in full)	
egional Ref	tooling on Pest Risk Identification Health Assessm	n and Management (PRIME) Crop	7/29/2019	7/31/2019	24	Technical	De	epertment of Agriculture RFO 8	
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. OTHER	INFORMATION					No.		<b>经验证据的</b>	
1.	SPECIAL SKILLS and HOBBIES	32. NON-ACADEMIC DISTINCTIONS / RECOGNITION (Write in full)  NON-ACADEMIC DISTINCTIONS / RECOGNITION (Write in full)  33. MEMBERSHIP IN ASSOCIATION/ORGAN (Write in full)							
	Reading Books	(write in ruii)				Plant Protection Majors Association			
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	SIGNATURE	of Samon						CS FORM 212 (Revised 2017), Page	

34.	Are you related by consanguinity or affinity to the appoint chief of bureau or office or to the person who has immedi Bureau or Department where you will be apppointed,	ing or recommending authority, or to the late supervision over you in the Office,		parent of the state of the second		
	a. within the third degree?		YES NO			
	b. within the fourth degree (for Local Government Unit - C	Career Employees)?	☐ YES ☑ NO If YES, give details:			
35	a. Have you ever been found guilty of any administrative	offense?	YES NO			
1			If YES, give details:			
	b. Have you been criminally charged before any court?		☐ YES ☑ NO If YES, give details:  Date Filed:			
		and the same of the same	Status of C			
36.	Have you ever been convicted of any crime or violation of any court or tribunal?	YES V NO If YES, give details:				
37.	Have you ever been separated from the service in any of retirement, dropped from the rolls, dismissal, termination, (abolition) in the public or private sector?	If YES ☑ NO If YES, give details:				
38.	a. Have you ever been a candidate in a national or local e Barangay election)?	YES If YES, give details:	NO			
	b. Have you resigned from the government service during election to promote/actively campaign for a national or loc	☐ YES ☑ If YES, give details:	✓ NO details:			
39.	Have you acquired the status of an immigrant or permane	☐ YES ☑ NO If YES, give details (country):				
	Pursuant to: (a) Indigenous People's Act (RA 8371); (b) N 7277); and (c) Solo Parents Welfare Act of 2000 (RA 897)	Magna Carta for Disabled Persons (RA 2), please answer the following items:	☐ YES ☑	NO		
	Are you a member of any indigenous group?	If YES, please specify:  ☐ YES ☑ NO				
b.	Are you a person with disability?	If YES, please specify ID No:				
C.	Are you a solo parent?	If YES, please specify ID N				
41.	REFERENCES (Person not related by consanguinity or affinity to applica	ant /appointee)				
	NAME	ADDRESS	TEL. NO.			
Yola	anda Mangaoang	VSU, Baybay City, Leyte	9083065090			
Elsi	e Salamat	VSU, Baybay City, Leyte	9282563474			
Rob	elyn Piamonte	Baybay City, Leyte	9171546999			
42.	I declare under oath that I have personally accomplished statement pursuant to the provisions of pertinent laws, authorize the agency head / authorized representative to misrepresentation made in this document and its attach against me.	to varify halidate the contents stated herein	n. I agree that any	PHOTO		
Go PL	overnment Issued ID (i.e Passport, GSIS, SSS, PRC, Driver's License, etc.) LEASE INDICATE ID Number and Date of Issuance	asomer		policy		
Go	overnment Issued ID: N/A	Signature (Sign inside the bo				
$\perp$	/License/Passport No.: 0033990	(X)	Right Thumbmark			
Da	nte/Place of Issuance: 12/09/2019	Date Accomplished	ting his/her validly issued gover	nment ID as indicated above.		
	SUBSCRIBED AND SWORN to before me this	, amant exhibi	ang rasins			
		Person Administering Oath	1			